



**PATIENT**

Lola Keef

**PRESENTING CLINICAL SIGNS**

**SPECIES**

Canine

**BREED**

Pit Bull X

**SEX**

Spayed Female

Temp 100.8 Pulse 100 Resp 30 CRT <2 sec Dental 2 - Mild Chief Concern / Provisional Diagnosis: Abdominal ultrasound every 6 months to 1 year to monitor for regrowth of hemangiosarcoma. See previous results that were performed through your service. There has been no evidence of regrowth since splenectomy over 2 years ago. 3 view chest rads and canine large panel were performed / sent out today. Results pending. No changes since last ultrasound except for a mast cell tumor recurrence on left lower antebrahrium that was treated with Stelfonta injectable treatment. Currently, there is no evidence of regrowth, although the Stelfonta treatment was the 2nd therapy to remove the mast cell. The first done at a specialty clinic with surgical removal years ago. The area is healed now. Recent Diagnostics: Relevant Laboratory Results / Abnormalities: Pending; however most recent was wnl. Current medications (include full name, dosage and frequency): Nat Path Xue Fu Zhu Yu Tang herbal - herbal to help recurrence of MCT and HSA Jin Tang Wei Qi Booster Powder - same as above Super Snouts Super Shrooms - immune boost herb Corydalis - anti-inflammatory herb for joint pain Relevant Radiograph Findings(email radiographs if available): 3 view chest rads included for interpretation

**AGE**

11 Years 2 Months

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

**WEIGHT**

84 Pounds

The left kidney has a normal shape and size (7.2 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

Kathleen Sennello DVM,  
MS, Diplomate ACVIM  
(Small Animal Internal  
Medicine)

The right kidney has a normal shape and size (7.68 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**IMAGING BY**

Loetitia Saint-Jacques,  
LVT

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.49 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

**HOSPITAL NAME**

MountainView AH

The right adrenal gland is normal in size measuring 0.69 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

**REFERRING VET**

Dr. Sarah Kalivoda

**Spleen**

The spleen is absent, previous splenectomy performed.

**Liver**

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract

**INVOICE**

38785

**DATE**

6/16/22



## PATIENT

Lola Keef

appear normal. There is an ill-defined, very small hypoechoic lesion visualized in the hepatic parenchyma measuring 0.80 cm.

## SPECIES

Canine

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

## BREED

### **Gastrointestinal**

Pit Bull X

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

## SEX

Spayed Female

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

## AGE

11 Years 2 Months

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

## WEIGHT

84 Pounds

### **Pancreas**

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

## INTERPRETED BY

Kathleen Sennello DVM,  
MS, Diplomate ACVIM  
(Small Animal Internal  
Medicine)

### **Free Abdomen**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no significant lymphadenopathy visualized. The left sublumbar lymph node is measured at 0.92 cm. The right measures 0.75 cm. A mesenteric lymph node is visualized at 0.57 cm. The omentum is of normal echogenicity.

## IMAGING BY

Loetitia Saint-Jacques,  
LVT

### **Other**

There is a small, relatively smooth walled, hypoechoic structure visualized adjacent to the liver in the left cranial abdomen, measuring 1.04 cm x 0.70 cm. This has the appearance of a daughter spleen or lymph node, but a metastatic omental lesion cannot be ruled out.

## HOSPITAL NAME

MountainView AH

## ULTRASONOGRAPHIC FINDINGS

- Absent spleen, previous splenectomy performed for hemangiosarcoma lesion.
- Small hypoechoic lesion visualized in the hepatic parenchyma – This lesion appears more cystic than a true nodule. Recommend continued monitoring.
- Hypoechoic, round omental lesion – This has the appearance of a lymph node or daughter spleen. An omental metastatic lesion is possible, but seems less likely.

## REFERRING VET

Dr. Sarah Kalivoda

## INVOICE

38785

## DATE

6/16/22



**PATIENT**

Lola Keef

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

Canine

Today's scan looks relatively normal for an 11 year old large breed dog. There is a small hypochoic lesion visualized in the liver, which I suspect is a very small cystic structure, but continued monitoring is warranted. Additionally, there is a small hypochoic omental lesion that has the characteristics most of a small lymph node or daughter spleen, but an omental met cannot be ruled out, so continued monitoring is warranted.

**BREED**

Pit Bull X

**SEX**

Spayed Female

**AGE**

11 Years 2 Months

**WEIGHT**

84 Pounds

**INTERPRETED BY**

Kathleen Sennello DVM,  
MS, Diplomate ACVIM  
(Small Animal Internal  
Medicine)

**IMAGING BY**

Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

MountainView AH

**REFERRING VET**

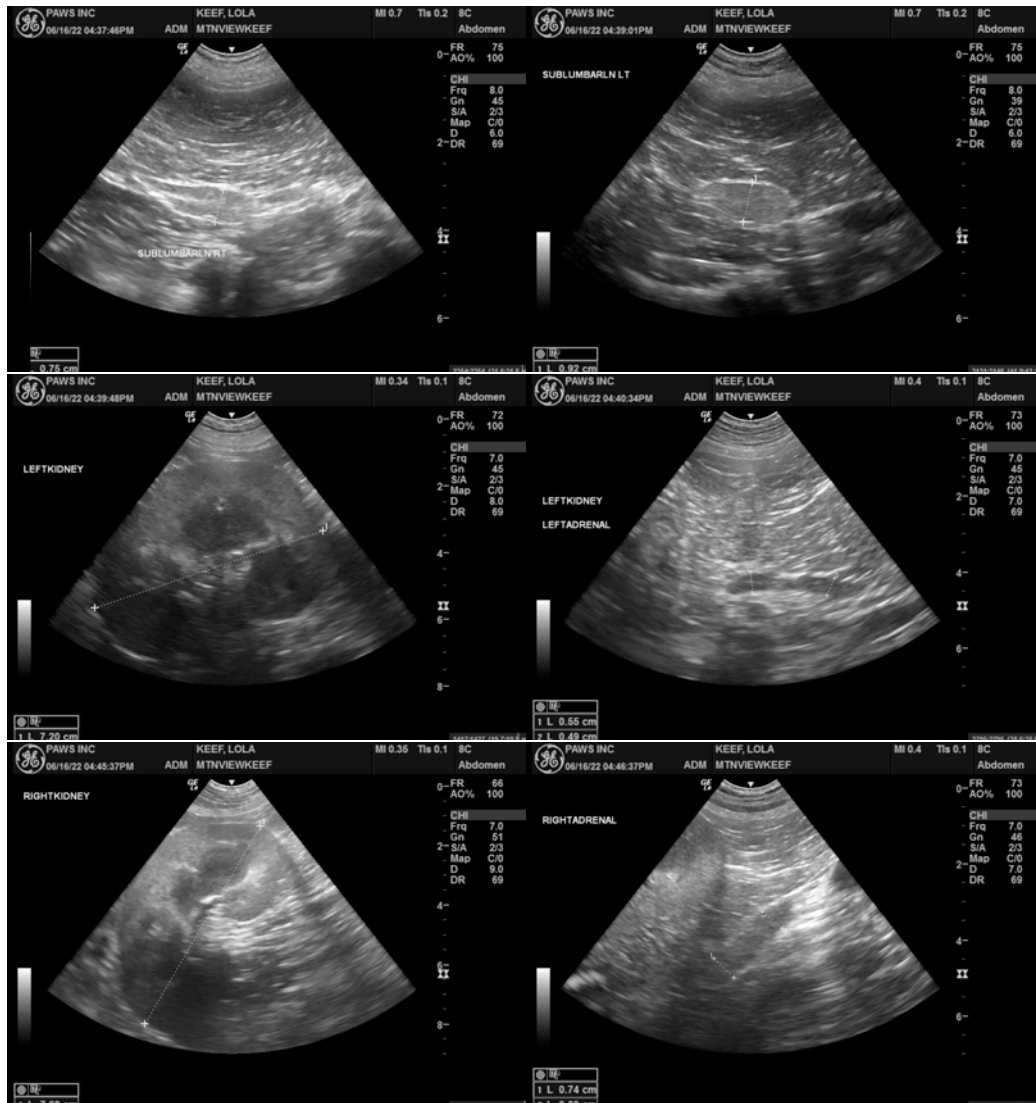
Dr. Sarah Kalivoda

**INVOICE**

38785

**DATE**

6/16/22





**PATIENT**

Lola Keef

**SPECIES**

Canine

**BREED**

Pit Bull X

**SEX**

Spayed Female

**AGE**

11 Years 2 Months

**WEIGHT**

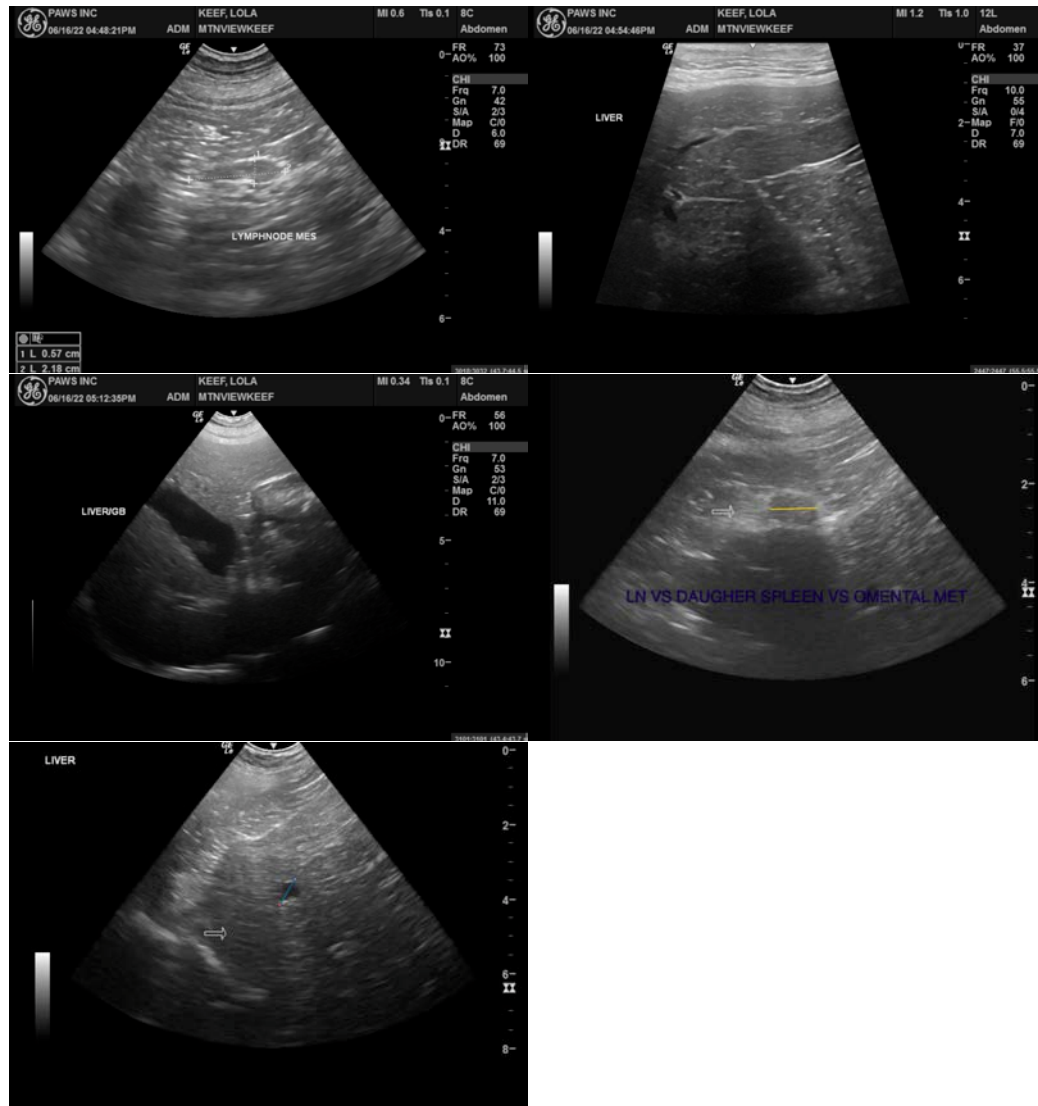
84 Pounds

**INTERPRETED BY**

Kathleen Sennello DVM,  
MS, Diplomate ACVIM  
(Small Animal Internal  
Medicine)

**IMAGING BY**

Loetitia Saint-Jacques,  
LVT



**HOSPITAL NAME**

MountainView AH

**REFERRING VET**

Dr. Sarah Kalivoda

**INVOICE**

38785

**DATE**

6/16/22

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)  
kathleen.sennello@sonopath.com